

FILED AUG 30 1948

Registration District No. **290**

Primary Registration District No. **5986**

Registrar's No. **96**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Rural Tavern Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **50 years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Albert Edison Bennett**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Nov. 6 1867**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **2**
If less than one day hr. min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Judge.**

11. Industry or business

12. Name **Jacob Bennett**

13. Birthplace **Penn**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda Strain**

15. Birthplace **Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dave Peterson**

(b) Address **Crocker, Mo.**

17. (a) **Burial** (b) Date thereof **8-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crocker Cemetery**

18. (a) Signature of funeral director **J.L. Hoops & Sons**

(b) Address **Crocker, Mo.**

19. (a) **8-25-48** (b) **J. Helma C. Buckthorpe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Rural Tavern Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **8**
year **1948** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **Aug. 1942** to **August 7, 1948**
that I last saw him alive on **Aug 7, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-Vascular - Renal Disease**
Due to **Senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration **5 yrs.**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **John A. Pihalewicz**
Address **Crocker, Mo.** Date signed **8-9-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
-41
-39
X29484

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul B. Hoops
Licensed Embalmer No. 3261
P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.